



PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590 11/12/2003

KILYK & BOWERSOX, P.L.L.C.
53 A East Lee Street
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/869,454	06/28/2001	Ramin Amin- Sanayei	IR3569NP-PCT	4197

TITLE OF INVENTION: FLUOROPOLYMERS CONTAINING ORGANO-SILANES AND METHODS OF MAKING THE SAME

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	02/12/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
YOON, TAE H	1714	526-242000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kilyk & Bowersox, PLLC

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Atofina Chemicals, Inc.

Philadelphia, PA

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee
☒ Advance Order - # of Copies 4

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
☒ Payment by credit card. Form PTO-2038 is attached.
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Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) Luke A. Kilyk (Date) 12/15/03

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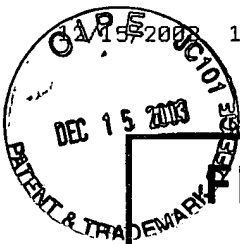
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12/16/2003 AWONDAF2 00000049 09869454

01 FC:1501
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17:12 5404281721

KILYK BOWERSOX PLLC

PAGE 03

PTO/SB/17 (10-03)

Approved for use through 07/31/2008. OMB 0651-0032
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FEE TRANSMITTAL for FY 2004		Complete if Known	
Effective 10/01/2003. Patent fees are subject to annual revision.		Application Number	09/869,454
		Filing Date	June 28, 2001
		First Named Inventor	Amin-Sanaye et al.
		Examiner Name	T. Yoon
		Art Unit	1714
		Attorney Docket No.	IR-3569 (3055-001-01)
TOTAL AMOUNT OF PAYMENT		(\$ 1,342.00)	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input type="checkbox"/> Deposit Account		Large Entity Small Entity	
Deposit Account Number: 50-0925		Fee Code Fee (\$)	
Deposit Account Name: Kilyk & Bowersox, P.L.L.C.		Fee Description Fee Paid	
The Director is authorized to: (check all that apply)		1051 130 2051 65 Surcharge - late filing fee or oath	
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet	
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)		1053 130 1053 130 Non-English specification	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		1812 2,520 1812 2,520 For filing a request for <i>ex parte</i> reexamination	
to the above-identified deposit account.		1804 920* 1804 920* Requesting publication of SIR prior to Examiner action	
FEE CALCULATION		1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action	
1. BASIC FILING FEE		1251 110 2251 55 Extension for reply within first month	
Large Entity Small Entity		1252 420 2252 210 Extension for reply within second month	
Fee Code Fee (\$)		1253 950 2253 475 Extension for reply within third month	
Fee Description Fee Paid		1254 1,480 2254 740 Extension for reply within fourth month	
1001 770 2001 385 Utility filing fee		1255 2,010 2255 1,005 Extension for reply within fifth month	
1002 340 2002 170 Design filing fee		1401 330 2401 165 Notice of Appeal	
1003 530 2003 265 Plant filing fee		1402 330 2402 165 Filing a brief in support of an appeal	
1004 770 2004 385 Reissue filing fee		1403 290 2403 145 Request for oral hearing	
1005 160 2005 80 Provisional filing fee		1451 1,510 1451 1,510 Petition to institute a public use proceeding	
SUBTOTAL (1) (\$)		1452 110 2452 55 Petition to revive - unavoidable	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1453 1,330 2453 665 Petition to revive - unintentional	
Total Claims Independent Claims		1501 1,330 2501 665 Utility issue fee (or reissue)	
Extra Claims Fee from below		1502 480 2502 240 Design issue fee	
Multiple Dependent		1503 640 2503 320 Plant issue fee	
Large Entity Small Entity		1460 130 1460 130 Petitions to the Commissioner	
Fee Code Fee (\$)		1807 50 1807 50 Processing fee under 37 CFR 1.17(q)	
Fee Description Fee Paid		1806 180 1806 180 Submission of Information Disclosure Stmt	
1202 18 2202 9 Claims in excess of 20		8021 40 8021 40 Recording each patent assignment per property (times number of properties)	
1201 86 2201 43 Independent claims in excess of 3		1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))	
1203 290 2203 145 Multiple dependent claim, if not paid		1810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b))	
1204 86 2204 43 **Reissue independent claims over original patent		1801 770 2801 385 Request for Continued Examination (RCE)	
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent		1802 900 1802 900 Request for expedited examination of a design application	
SUBTOTAL (2) (\$)		Other fee (specify) 4 copies of patent	
** or number previously paid, if greater; For Reissues, see above		SUBTOTAL (3) (\$ 1,342.00)	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Luke A. Kilyk	Registration No. (Attorney/Agent)	33,251
Signature		Telephone	1-540-428-1701
		Date	December 15, 2003

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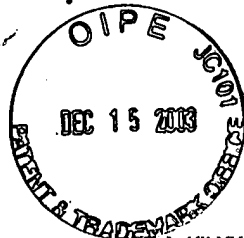
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Stephanie Hill
Name (Print)

Signature



LAW OFFICES
KILYK & BOWERSOX, P.L.L.C.
Intellectual Property Law

LUKE A. KILYK* (PA, DC)
LEONARD D. BOWERSOX
THOMAS P. CLOUSE* (DC)
ARASH BEHRAVESH* (MA)
PETER G. KORYTNYK
GARTH D. RICHMOND* (DC)
JASBIR SINGH

**53 A East Lee Street
WARRENTON, VA 20186**

TEL.: (540) 428-1701
FAC.: (540) 428-1720
(540) 428-1721

FAIRFAX OFFICE
3603-E Chain Bridge Road
Fairfax, Virginia 22030

Email: lkilyk@kbpattentlaw.com
Website: <http://www.kbpattentlaw.com>

Of Counsel:
WILLIAM CHARLES JAMISON
SAMUEL P. BURKHOLDER* (PA, DC, NJ)

*Admitted only in states indicated

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FACSIMILE TRANSMISSION COVER SHEET

DATE: December 15, 2003

TO: Mail Stop Issue Fee
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P.O. Box 1450
Alexandria, VA 22313-1450

RE: U.S. Patent Application No. 09/869,454
Entitled: FLUOROPOLYMERS CONTAINING ORGANO-SILANES
AND METHODS OF MAKING THE SAME
Our Ref: IR-3569 (3055-001-01)

FROM: Luke A. Kilyk, Esq. *LK*

FAC. TEL. NO.: 1-703-746-4000

NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 4

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